

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

									FILE NUMBER	
	,								THE WORDER	
1. IS THIS AN AMENDMENT?	No No	☐ Yes If Yes	s, plea	se ente	r the file n	umb	er in this bo	x →		
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all	applic	able box	es as	s fully and	accura	tely as possible.	
2. Last Name				Middle N	lame		Nickname		3. Type of Committee (Check one)	
CALLAHAN	0	EORGE	JR	FR	ANCI	S	25		Exploratory Committee	
			9557							
1. Mailing Address 1500 E. 507K	50	*			()			FOR		
7. City LAWRENCE	State IN	2.11 0000			ON			9901	10. Telephone (Evening)	
11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Repu	blican 🗆		100	12.	Office Sough	(Inclu	cry/Co	er, if any. I UNCI C	Not required for an exploratory committee	
SECTION B. COMMITTEE	INFO	RMATION: Fil	l in al	l appli					(4000)	
13. Full Name of Committee (Do not ab	breviate)	Check if this is	a new na	ame						
	SEARCH FRANCIS									
14. Mailing Address ☐ Check if this is a new address 7500 E 50TH ST.						15. FAX (Optional) 16.			S.A.P.	
LAWRENCE	State	ZIP Code		315 722	ON			7901	20. Committee Organization Date (MM-DD-YY) 25 - 15	
21. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson										
GEORGET. C.	SCL	ANDN.	SR							
22. Mailing Address	s a new a	ddress		-	23. FAX (O	ptional)		24. E-ma	il Address (Optional)	
7500£.50	TAK S	Y			()				ECALLARAM GURDA	
LAWRENCE	State	ZIP Code	500 M (1970)		(28. Telephone (Evening)	
		7622								
							کا مولادا	621	deposit boxes of maintains folios.)	
) 31. Salari	es and	Reimbursemen	nts (Will the	e committee pay the candidate a salary of	
	100				reimburse	ment fo	or lost wages? If	Yes, attack	h a copy of the contract.) 🗗 No 🔲 Ye	
SECTION C. APPOINTME	NT OF	TREASURER	(IC 3	-9-1-14)		TRACE TO	1.51		
32. I. as Chairperson of the foregoing Person Appointed Treasurer										
Treasurer of the Committee.						Ex Leoy Susta				
33. Treasurer's Full Name Design	ate cand	idate as treasurer	Chec	k if this is	a new treasur	er	1.7	0		
CARCTON E. C. 34. Mailing Address Procheck if this	URRY)								
The second secon		- 1			35. FAX (O	ptional)	1		
27 (1)	OOD	COURT 46			10) 20 T	elenhone (Day)	CEC	URRY & COMCASTO NE	
LAWRENCE	/A)	46235	30.0	1ARI	ON					
	CE OF	APPOINTMEN				(3)	(T)7)33	7200	-1(317)033 182	
						his S	ignature of P	erson Ac	cepting Appointment	
			nance	commit	tee (except	as	Mulles	161	115 rd	
			4, 11	3113	PERMIT A	THE R	CAVUINI		FOR OFFICE USE ONLY	
We certify as the candidate an	d the c	duly appointed C	hairpe					have		
examined this statement. To the I 42. Typed or Printed Name of Cha					e, correct a	nd co		m.	FILED	
GEORGE / CAC	/ Ak	AN Mari	w /	Derson	11/	1	2 70,14		A B this can in-	
									MAR 3 1 2015	
SEORGEF. ALC				allah.	Sh		22/1	5	Angelia Series	
		M. J.	norted t	vithin 10	days of the c	hanne	(IC 3-9-1-10) A	nerson	mula a Eldridge	
who knowingly files a fraudulent report	commits a	a Class D felony (IC	3-14-1-1	(3). A per	son who fails	to file	a complete or a	ccurate		
report as required by the Indiana Campa penalties (IC 3-9-4-16, IC 3-9-4-17, and I			ass B mi	sdemean	or (IC 3-14-1-	14), and	d may be subjec	t to civil		